

State: Illinois**FUNCTIONS OF MEDICAL ASSISTANCE PROGRAM ADMINISTRATION**

The Division of Medical Programs is the Medical Assistance Unit within the Illinois Department of Public Aid. The administrator of the Division of Medical Programs oversees the ten areas comprising the division. Each area is responsible for some aspect of the total Medicaid Assistance Program.

BUREAU OF MANAGED CARE

The bureau administers the department's managed care program, quality oversight, contract management development, outcome reporting, Healthy Kids program and Maternal & Child Health objectives; monitors the department's enrollment broker responsible for educating clients on managed care and operating the department's health care hotline; educates and communicates the department's managed care initiatives and policies to the general public, coordinates and implements public relations and client advocacy.

BUREAU OF COMPREHENSIVE HEALTH SERVICES

The bureau performs utilization review, contract monitoring and quality control of various specialized services, including the department's transplant program, access to care for Medical Assistance clients, services provided to technology dependent children and rehabilitative services provided to children in need of traumatic brain injury services; monitors clinic and dental compliance requirements; manages the prescription drug benefit and prior authorization process for non-institutional medical providers; educates medical providers on the department's billing policies, assists in the resolution of billing/reimbursement problems and interprets departmental policies relating to provider enrollment, covered services and billing.

BUREAU OF LONG TERM CARE

The bureau oversees the care for Medical Assistance clients residing in long term care facilities. Central office staff develop policy, administrative rules and state plan amendments, coordinate provider enrollment and enforcement actions and resolve payment problems. Field staff assist the Department of Public Health in annual licensure/certification surveys. Field staff also complete post-payment audits to assure that paid claims for bed holds were appropriately handled, provide technical support to help facilities correct deficiencies and achieve regulatory compliance and conduct special on-site audit and studies affecting reimbursement issues as requested. Field staff conduct a limited number of interim IOCs for qualified providers who request them. The bureau administers the Supportive Living Program which offers independent living with supportive services for light need individuals who would otherwise be placed in a nursing home.

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State: Illinois**BUREAU OF LONG TERM CARE (continued)**

The bureau is responsible for the exceptional care program in nursing facilities. Exceptional Care covers head trauma victims, persons with AIDS and multiple complex medical needs, complex respiratory care and ventilator-dependent persons.

9/99 OFFICE OF INTERAGENCY COORDINATION

~~The office administers the Medicaid waiver programs and Medicaid services that involve other state agencies. The office works with department staff, other agency staff, the Health Care Financing Administration and others to support the state agencies as they operate portions of the Medical Assistance program. Examples include: home and community based waivers for the elderly, the disabled, technology dependent children, persons with AIDS and the developmentally disabled; the early intervention program; mental health and alcoholism and substance abuse services; school-based services and the program for all-inclusive services to the elderly.~~

BUREAU OF KIDCARE

This bureau administers the federal State Children's Health Insurance Program, KidCare in Illinois, which is composed of five plans:

- KidCare Rebate. If a child's doctor and hospital services are already covered by an employer sponsored or private health insurance, KidCare can reimburse part of the cost of health insurance for that child. With KidCare Rebate, the child can be in the same health plan, receive the same benefits and see the same doctors.
- KidCare Share. KidCare Share also will pay for the child's health care. The child's family shares the cost. A low copayment is required each time the child visits a doctor, clinic or hospital or gets a prescription filled. For immunizations, a copayment is not required.
- KidCare Premium. If the child's family has a greater ability to afford health insurance, the family pays a low premium every month under KidCare Premium and also makes a low copayment for each visit to a doctor, clinic or hospital and for prescriptions. Immunizations and well child care have no copayment.
- KidCare Assist. KidCare Assist pays for the child's health care with no copayments or premiums.

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State: Illinois

BUREAU OF KIDCARE (continued)

- KidCare Moms and Babies. Throughout pregnancy and the first year of the baby's life, KidCare Moms and Babies covers health care including prenatal visits, delivery services, well baby care and immunizations, with no copayments or premiums.

The Bureau's central KidCare Unit accepts and processes KidCare applications to enroll eligible persons into the program and one of the five plans. To be eligible, a child must meet income eligibility standards and be younger than 19 years of age, an Illinois resident, and a U.S. citizen or qualified legal immigrant. A pregnant woman must meet income eligibility standards and be an Illinois resident. Eligibility standards for children and pregnant women are based on family size.

Services covered under KidCare Share, KidCare Premium, KidCare Assist, and KidCare Moms and Babies include doctor and nursing care, immunizations and preventive care, hospital and clinic care, laboratory tests and x-rays, prescription drugs, medical equipment and supplies, medical transportation, dental care, eye care, psychiatric care, podiatry and chiropractic care, physical therapy, and mental health and substance abuse services. Pregnant women also receive prenatal care and other medical services.

OFFICE OF HEALTH FINANCE

The office performs audits of annual cost reports and financial statements submitted to the department by all nursing homes, hospitals, facilities for the developmentally disabled and federally qualified health centers participating in Medicaid. The audited cost data is entered into computerized data based and is used to calculate prospective reimbursement rates for these medical providers. The office also performs financial analysis functions for all other bureaus within the Division.

BUREAU OF PROGRAM AND REIMBURSEMENT ANALYSIS

The bureau develops rate methodologies used to determine reimbursement rates for medical providers such as hospitals and nursing facilities, participating in Illinois' Medical Assistance program; analyzes the impact state and federal legislation on departmental policies and develops administrative rules and state plan amendments necessary to implement approved public policy and administers the Provider Assessment Program.

BUREAU OF BUDGET AND ANALYSIS

The bureau projects and tracks the department's medical budget; develops financial estimates for policy initiatives, legislative changes and federal requirement and develops and manages the division's data bases used to support the financial analysis function.

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BUREAU OF CLAIMS PROCESSING

The bureau processes medical billings submitted by medical providers. Nearly 2 million billing are received monthly with more than 70 per cent being transmitted electronically, rather than on paper. Once the billings have been processed through the department's Medical Assistance Management Information System (MMIS), the bureau sends invoice schedules to the Office of the Comptroller for payment to the provider.

BUREAU OF TECHNICAL SUPPORT

The bureau serves as liaison to information systems staff concerning computer information needs, including the development, implementation and operation of the technical aspects of all medical program functions. The bureau is the electronic data link to other state agencies and federal agencies, such as the Health Care Financing Administration and assists in the development of technical information data exchanges involving the Medical Assistance Management Information System (MMIS). The bureau handles the maintenance and security of all related data bases for medical information and controls medical expenditures, ensuring that the department's spending plan is implemented within the budget.

BUREAU OF MEDICAL ADMINISTRATIVE SUPPORT

The bureau processes and monitors contracts and payment vouchers; oversees the enrollment process and manages the department's provider data base for all types of medical providers participating in the Medical Assistance program; coordinates and oversees human resource activities for 600 employees; monitors all C-13 invoice vouchers, initiates and monitors recovery of advance payments, pursues delinquent accounts and initiates collection referrals, maintains computerized accounting systems used to complete various account receivable reports and provides clerical and technical personal computer support to the division.

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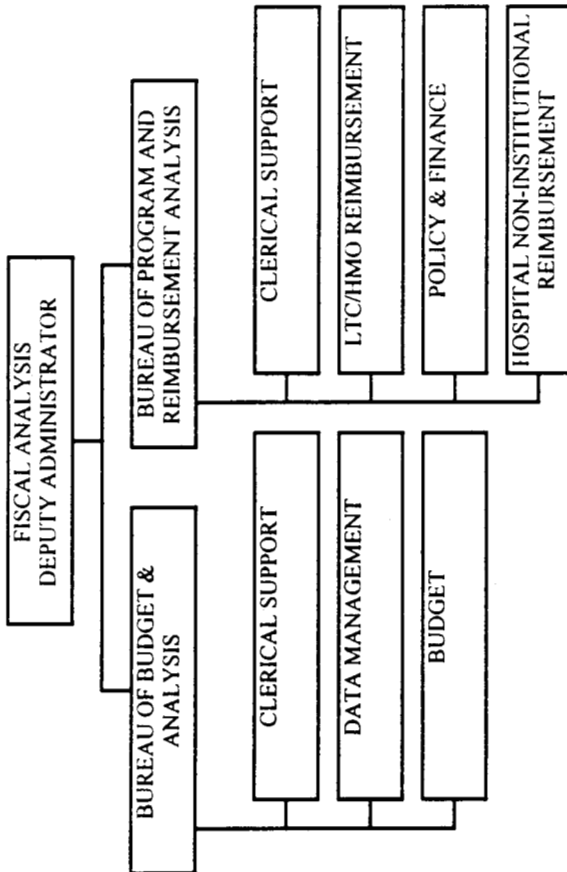
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DEPARTMENT OF PUBLIC AID
DIVISION OF MEDICAL PROGRAMS
FISCAL ANALYSIS



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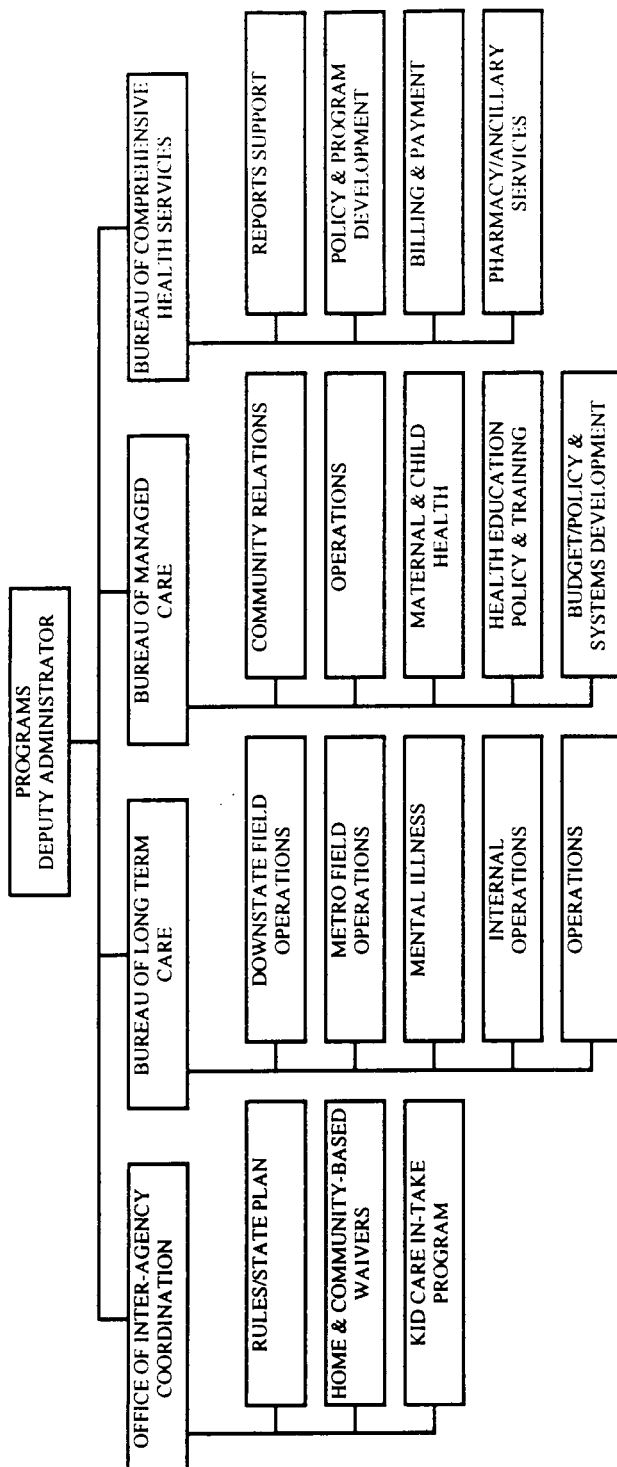
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DIVISION OF MEDICAL PROGRAMS
PROGRAMS



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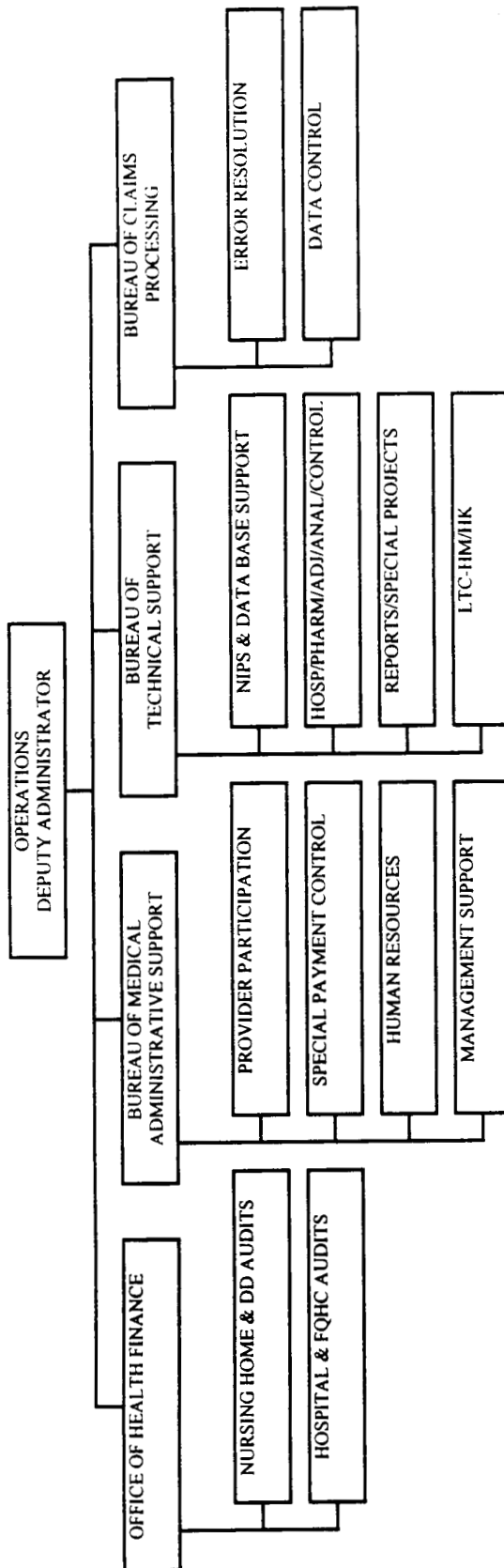
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ILLINOIS DEPARTMENT OF PUBLIC AID
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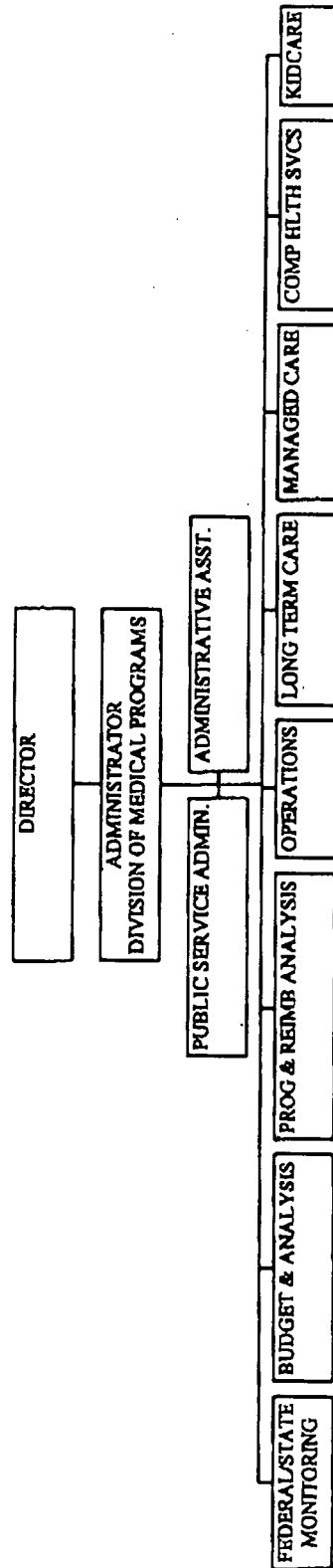
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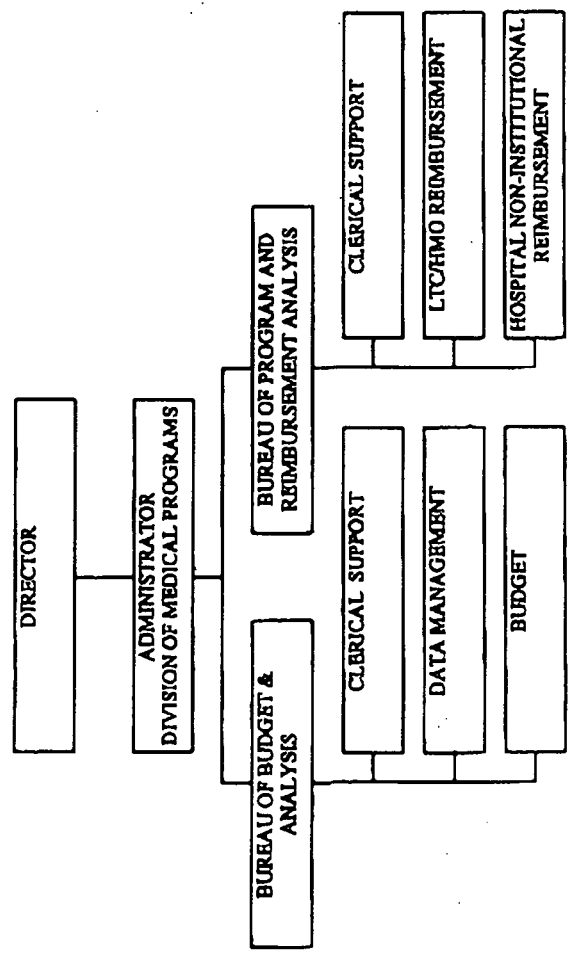
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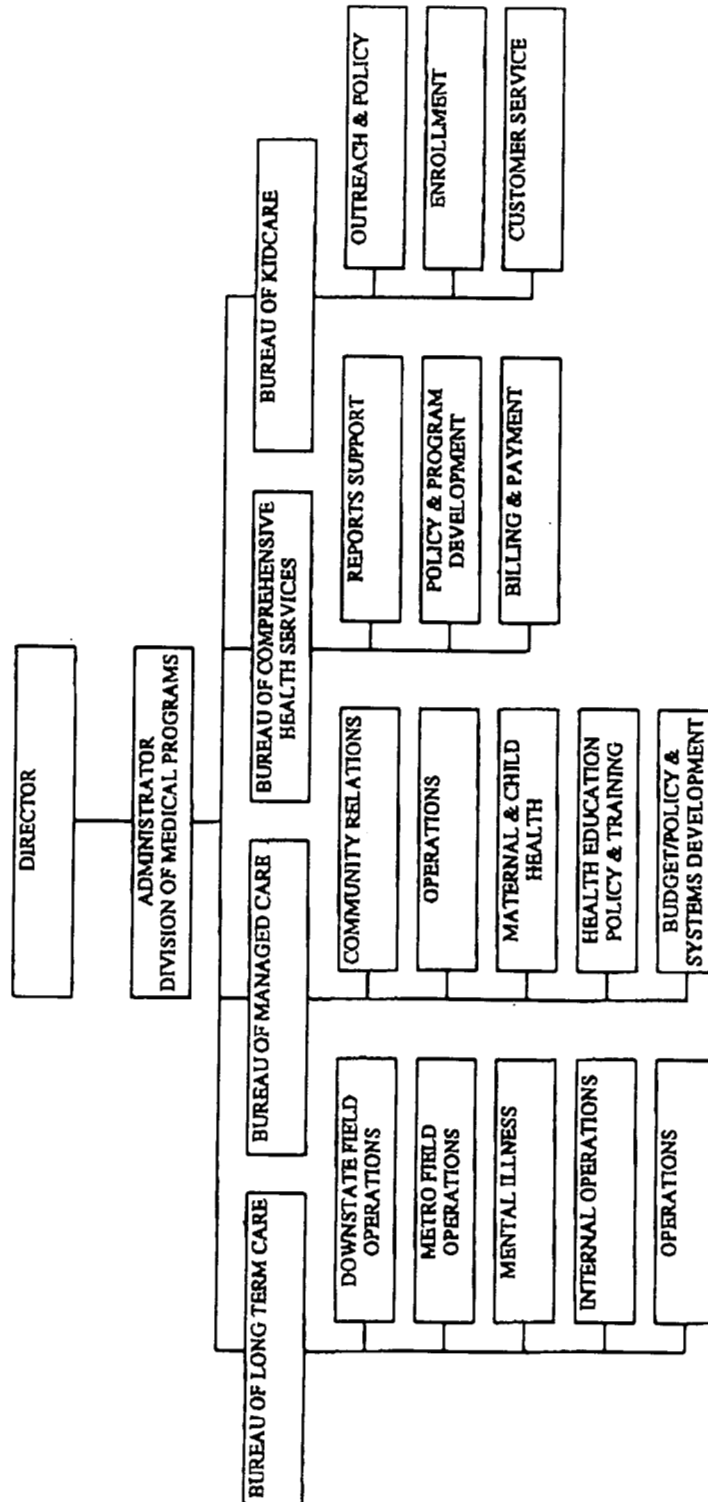
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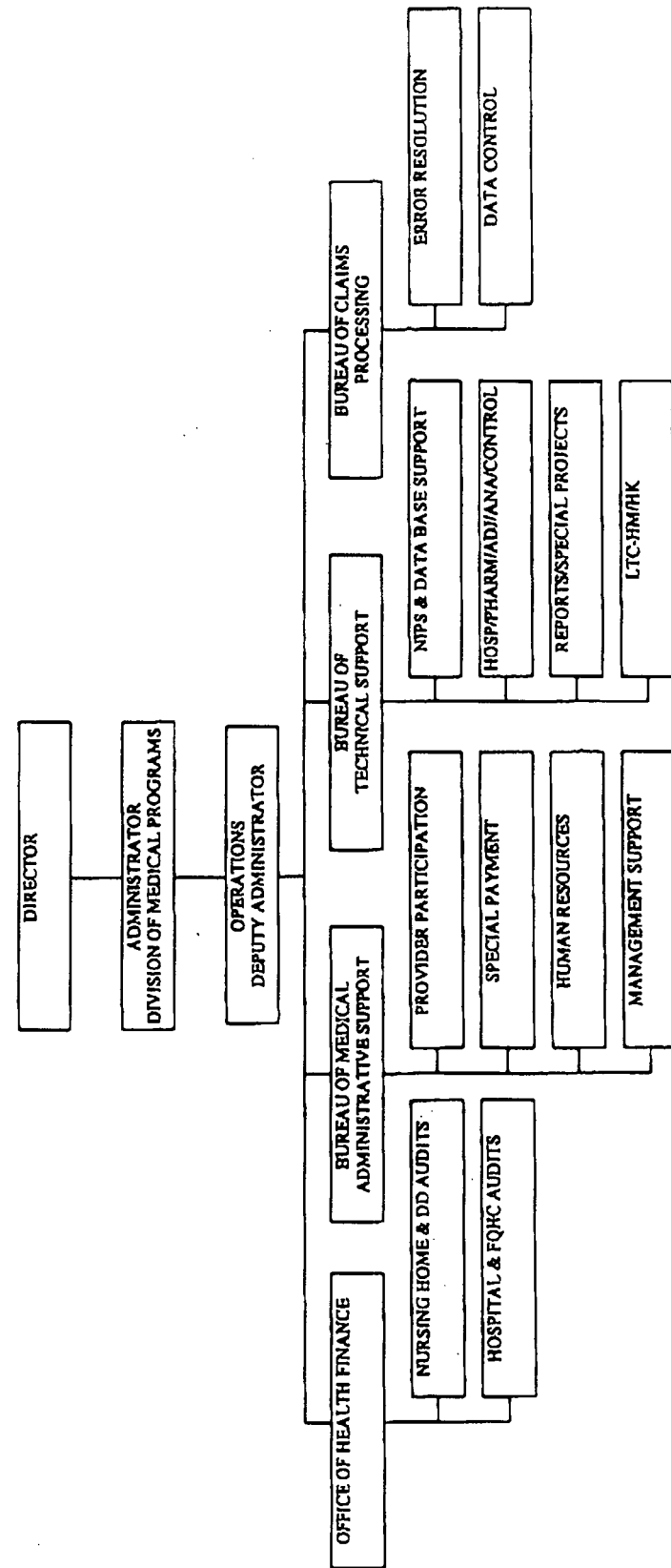


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Attachment 1.2-B(7)

Attachment 1.2-B(8)



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